

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service (DOS) 01/23/02, 01/25/02, 01/28/02, 01/30/02, 02/13/02, 02/15/02, 03/01/02, 03/04/02 and 03/25/02?
- b. The request was received on 05/14/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission's case file does not indicate the Requestor submitted additional documentation per Rule 133.307 (g)(3). The documentation submitted by the Respondent and received by the Division on 06/28/02 will be considered timely.
4. Fax confirmation of Commission's request for additional documentation is reflected as Exhibit III of the Commission's case file

III. PARTIES' POSITIONS

1. Requestor: no position statement submitted
2. Respondent: no position statement submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for

review are 01/23/02, 01/25/02, 01/28/02, 01/30/02, 02/13/02, 02/15/02, 03/01/02, 03/04/02 and 03/25/02.

2. The Carrier's EOBs have the denial "L – Not Treating Doctor."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
01/23/02	99205-MP	\$137.00	\$0.00	L	\$137.00	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the date of service in dispute, no reimbursement is recommended.
01/23/02 01/25/02 01/28/02 01/30/02 02/13/02 02/15/02 03/01/02 03/04/02 03/25/02	97110	\$70.00 \$105.00 \$140.00 \$105.00 \$35.00 \$35.00 \$105.00 \$140.00 \$105.00 ((\$35.00 per 15 minute unit)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	L L L L L L L L L	\$35.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. However, a recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution division indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." The Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service (DOS). Therefore, the provider is entitled to reimbursement of \$175.00 (\$35.00 MAR x 5 DOS after approved TWCC-53). The documentation contains no direct statement indicating who is conducting the one-to-one session with the claimant. There is no documentation that mandates that the medical conditions or symptoms that the claimant presented required one-on-one supervision and documentation does not reflect the need for one-on-one supervision to taper off over time as the claimant becomes more familiar with the exercises.
01/25/02 01/28/02 01/30/02 02/13/02 02/15/02 03/01/02 03/04/02 03/25/02	97032	\$44.00 \$22.00 \$44.00 \$22.00 \$22.00 \$44.00 \$44.00 \$22.00 ((\$22.00 per 15 minute unit)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	L L L L L L L L	\$22.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the dates of service in dispute, reimbursement of \$154.00 is recommended.

01/25/02 01/28/02 01/30/02 02/13/02 02/15/02 03/01/02 03/04/02	97035	\$44.00 \$22.00 \$22.00 \$22.00 \$22.00 \$44.00 \$44.00 (\$22.00 per 15 minute unit)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	L L L L L L L	\$22.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the dates of service in dispute, reimbursement of \$132.00 is recommended.
01/23/02 01/25/02 01/28/02 02/15/02 03/01/02	97012	\$20.00 \$20.00 \$20.00 \$20.00 \$20.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	L L L L L	\$20.00 \$20.00 \$20.00 \$20.00 \$20.00	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the dates of service in dispute, reimbursement of \$40.00 is recommended.
01/23/02	72040-WP	\$51.00	\$0.00	L	\$51.00	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the date of service in dispute no reimbursement is recommended.
01/25/02	95900-WP	\$768.00	\$0.00	L	\$64.00 each nerve	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the date of service in dispute no reimbursement is recommended.
01/30/02 02/13/02 03/25/02	97530	\$70.00 \$35.00 \$70.00 (\$35.00 per 15 minute unit)	\$0.00 \$0.00 \$0.00	L L L	\$35.00 per 15 minute unit	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the dates of service in dispute, reimbursement of \$105.00 is recommended.
01/30/02	95904-WP	\$640.00	\$0.00	L	\$64.00 each nerve	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the date of service in dispute no reimbursement is recommended.
02/13/02	99213-MP	\$48.00	\$0.00	L	\$48.00	Texas Workers' Compensation Act & Rules, Rule 126.9 (f)	The Commission approved a request to change treating doctors (TWCC-53), to the Requestor, on 02/12/02. The provider would not be entitled to reimbursement for medical treatment rendered prior to 02/12/02, but would be entitled to reimbursement for services rendered on or after. Therefore, based on the dates of service in dispute, reimbursement of \$48.00 is recommended.
Totals		\$3263.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$654.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$654.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

MDR: M4-02-3455-01

This Order is hereby issued this 25th day of October 2002.

Larry Beckham
Medical Dispute Resolution Supervisor
Medical Review Division